

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18964

FILED JUN 12 1944

Registration District No. 12

Primary Registration District No. 3056

Registrar's No. 122

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
411 South Clark
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Jennie M. Sheldon3. (b) If veteran, _____ 3. (c) Social Security
name war _____ No. 7

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, 2 divorced Widowed
6. (b) Name of husband or wife Frank E. Sheldon 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased July 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 10 14 _____ hr. _____ min.

9. Birthplace Chariton County Missouri
(City, town, or county) (State or foreign country)10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Elijah Hammett
13. Birthplace Randolph County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Jane Lowry
15. Birthplace Breckenridge Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Miss May Hammons
(b) Address Moberly, Missouri
17. (a) burial (b) Date thereof 5/23/1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery
St. Louis, Mo.

18. (a) Signature of funeral director John B. Patton
(b) Address Clintonville, Mo.
19. (a) 5-22-44 (b) Irma Havel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 411 South Clark
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1944 hour 7:00 P. M. minute 00 M.

21. I hereby certify that I attended the deceased from July 1, 43
May 21 1944 to May 21 1944
that I last saw him alive on May 21 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Endocarditis

Due to _____

Due to _____

Other conditions Schizophrenia
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature O. Buckel M. D. or other _____
Address Moberly, Mo. Date signed May 23, 1944

JUN 16 1944

SEP 1 1944

AUG 3 1944

SEP 6 1944

RECEIVED

District Health Officer No.

District File Number 6-44-16

Date Filed JUN 9 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Paul L. Patton

Licensed Embalmer No. 4095

P. O. Address. *Huntsville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.